

BEST AVAILABLE COPY

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE				
						181574689	12/18/96				
						APPLICANT(S)	ATTORNEY				
						CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1					51					
2	1	1				52					
3	1					53					
4	1					54					
5	1					55					
6	1					56					
7	1					57					
8	1					58					
9	2					59					
10		1				60					
11	1			1		61					
12				1		62					
13				1		63					
14				1		64					
15				1		65					
16				1		66					
17				1		67					
18				1		68					
19				1		69					
20				1		70					
21				1		71					
22				1		72					
23				1		73					
24				1		74					
25				1		75					
26				1		76					
27				1		77					
28						78					
29						79					
30						80					
31						81					
32						82					
33						83					
34						84					
35						85					
36						86					
37						87					
38						88					
39						89					
40						90					
41						91					
42						92					
43						93					
44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TOTAL IND.	2		2			TOTAL IND.					
TOTAL DEP.	8		16			TOTAL DEP.					
TOTAL CLAIMS	10		18			TOTAL CLAIMS					